



Release of Information Authorization

Position Number/Recruitment Number _____

Job Classification/Job Title applying for _____

I hereby authorize the Washington State Department of Transportation (WSDOT) to conduct an investigation of my experience, background, references, personal character, past employment, and education. This may include information maintained in public records or within the electronic public domain. The purpose of such an investigation is to confirm the information contained on my application and/or to obtain information which may be material to my qualifications for employment.

By signing this agreement, I understand that the information and opinion provided about me may be positive, negative, or neutral. I unconditionally release each person or entity who provides information or opinion regarding myself from all legal liability from furnishing such information. I understand information obtained may come from references and sources other than those I have provided to WSDOT including but not limited to off list references.

A photocopy of this signed authorization is as valid as the original and may be provided to anyone from whom information is requested in determining my job qualifications and competencies.

Signature _____ Date _____

Print name _____